

COUNTY OF SAN DIEGO
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VOLUNTEER REPORT FORM OF SUPERVISORS

PERIOD JULY 1, 2012 - JUNE 30, 2013 24 AM 8 13

Deadline: July 12, 2013
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA-BHS

Division/Unit: Strengths Based Case Management

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol. 2 Hours 76 X \$ 22.14 = \$ 1,682.64

Types of work performed by GENERAL VOLUNTEERS in this category:

Filing of confidential information in client file, review of program policies/procedures, participate in program development tasks.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol. 0 Hours 0 X \$ 22.14 = \$ 0

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Not Applicable

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
<u>N/A</u>	<u> </u>		<u> </u>		<u> </u>
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No. of Vol. 0 Total Hours 0 Total Value = \$ 0

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>2</u>	<u>76</u>	<u>\$1,682.64</u>
2b.	<u> </u>	<u> </u>	<u> </u>
2c.	<u> </u>	<u> </u>	<u> </u>
Total Vol.	<u>2</u>	Total Hours <u>76</u>	Total Value = \$ <u>1,682.64</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$ N/A

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours	36	X	Rate \$35.50	=	<table border="1"><tr><td>\$ 1,278.00</td></tr></table>	\$ 1,278.00
\$ 1,278.00						

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours		X	Rate	=	<table border="1"><tr><td>\$ N/A</td></tr></table>	\$ N/A
\$ N/A						

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
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TOTAL OF OTHER PROGRAM COSTS=

\$ N/A

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 1,278.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 1,682.64
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 1,278.00

TOTAL PROGRAM BENEFIT

\$ 404.64

6. RECRUITING:

Please describe your recruiting programs:

We are currently not recruiting for volunteers. During this report period we had 1 student (BA) intern volunteer for 40 hours and 1 volunteer who has been assisting the program for a number of years.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Over this report period the BA intern volunteer was a former program participant who is furthering her education to pursue employment in behavioral health services. This was an opportunity for her to develop an understanding of program operations, which required oversight for the volunteer hours.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Our plan is to retain our current volunteer who is assisting with filing paperwork. We will consider individuals seeking internship hours of experience for BA or MA level, however are not actively recruiting for interns.

9. GENERAL INFORMATION:


Name of Person Completing Report: Betsy Knight

Phone Number: 619-692-8703 Mail Stop: P-547 E-Mail
elizabeth.knight@sdcounty.ca.gov

Volunteer Coordinator: Hannah Koh

Phone Number: 619-692-8714 Mail Stop: P-547 E-Mail:
hannah.koh@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

6/26/13
DATE